

Department of the Treasury -- Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return

2006

(99) IRS Use Only -- Do not write or staple in this space.

Label Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning

, 2006, ending

, 20

OMB No. 1545-0074

CHAUDHARY NAWAZ
FURRUKH NAWAZ
42 OAK STREET
Deer Park NY 11729

Your social security number
077-84-6801

Spouse's social security no.
153-11-9029

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶

☐ You ☐ Spouse

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above

4 ☐ Head of household (with qualifying person). (See inst.) If qualifying person is a child but not your dependent, enter child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see inst.)

Check only one box.

Exemptions

If more than four dependents, see instructions.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see inst.)

FATIMA

NAWAZ

063-96-6527

Daughter

FOHA

NAWAZ

104-94-0441

Daughter

EIMAN

NAWAZ

097-94-9794

Daughter

HUDA

NAWAZ

129-92-9905

Daughter

Boxes checked on 6a and 6b

2

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see inst.)

4

Dependents on 6c not entered above

Add numbers on lines above ▶

6

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

0

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

8a Taxable interest. Attach Schedule B if required

8a

44

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends (see instructions)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

39,519

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

1,312

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount (see inst.)

20b

21 Other income

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

40,875

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

2,792

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see instructions)

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction (see instructions)

32

33 Student loan interest deduction (see instructions)

33

34 Jury duty pay you gave to your employer

34

35 Domestic production activities dedn. Atch Fm 8903

35

36 Add lines 23 through 31a and 32 through 35

36

2,792

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

38,083

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

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NAWAZ 077-84-6801

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Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	38,083
Standard Deduction for -- • People who checked any box on line 39a or 39b or who can be claimed as dependent, see inst. • All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39a If: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. checked <input checked="" type="checkbox"/> 39a b If your spouse itemizes on a separate return or you were a dual-status alien, see inst. and check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	14,705
	41	Subtract line 40 from line 38	41	23,378
	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total no. of exemptions claimed on line 6d	42	19,800
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	3,578
	44	Tax (see inst.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	358
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	358
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child & dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49		
50	Education credits. Attach Form 8863	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Residential energy credits. Attach Form 5695	52		
53	Child tax credit (see instructions). Attach Form 8901 if required	53	358	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 b <input type="checkbox"/> Form 8859	54		
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55		
56	Add lines 47 through 55. These are your total credits	56	358	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0	
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	5,584
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59		
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60		
61	Advance earned income credit payments from Form(s) W-2, box 9	61		
62	Household employment taxes. Attach Schedule H	62		
63	Add lines 57 through 62. This is your total tax	63	5,584	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	
If you have a qualifying child, attach Schedule EIC.	65	2006 estimated tax payments & amt. applied from 2005 return	65	
	66a	Earned income credit (EIC)	66a	58
	b	Nontaxable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>		
	67	Excess social security and tier 1 RRTA tax withheld (see inst.)	67	
	68	Additional child tax credit. Attach Form 8812	68	3,642
69	Amount paid with request for extension to file (see instructions)	69		
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70		
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71		
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	3,700	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
Direct deposit? See inst. and fill in 74b, 74c, and 74d, or Form 8888.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here.	74a	0
	b	Routing no. <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. <input type="text"/>		
75	Amt. of line 73 you want applied to your 2007 estimated tax <input type="checkbox"/> 75 <input type="checkbox"/>	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions <input type="checkbox"/> 76	76	1,884
77	Estimated tax penalty (see instructions)	77		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No			
Sign Here Joint return? See instructions. Keep a copy for your records.	Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>	
	Your signature	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime phone number <input type="text"/>
	Spouse's signature, if a joint return, both must sign.	Date <input type="text"/>	Spouse's occupation <input type="text"/>	
	Preparer's signature	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, & ZIP code <input type="text"/> UNIFIED TAX & ACCOUNTING SERVICE 148-07 HILLSIDE AVE Jamaica NY 11435			
Phone no. <input type="text"/>			EIN 20-1823768	
718-739-7500				

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2006Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040).Name of proprietor
CHAUDHARY NAWAZSocial security number (SSN)
077-84-6801A Principal business or profession, including product or service (see the instructions)
CONSTRUCTIONB Enter code from instructions ▶
999999

C Business name. If no separate business name, leave blank.

D Employer ID no. (EIN), if any

E Business address (including suite or room no.) ▶ **42 OAK STREET**
City, town or post office, state, and ZIP code **Deer Park NY 11729**F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you "materially participate" in the operation of this business during 2006? If "No," see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2006, check here ▶

Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here. ▶ <input type="checkbox"/>	1	50,125
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	50,125
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	50,125
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	50,125

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9	7,152	19	Pension & profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment.	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III) ..	22	3,254
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health) ..	15		24	Travel, meals, and entertainment:	24a	
16	Interest:				a Travel	24b	
	a Mortgage (paid to banks, etc.)	16a		25	Utilities	25	
	b Other	16b		26	Wages (less employment credits) ..	26	
17	Legal and professional services	17	200	27	Other expenses (from line 48 on page 2)	27	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		28		28	10,606
29	Tentative profit (loss). Subtract line 28 from line 7.	29		29		29	39,519
30	Expenses for business use of your home. Attach Form 8829	30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		31		31	39,519
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2006

Form 1120 Department of the Treasury Internal Revenue Service		U.S. Corporation Income Tax Return For calendar year 2006 or tax year beginning _____, 2006, end. _____, 20____ ▶ See separate instructions.				OMB No. 1545-0123 2006				
A Check if: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch. M-3) <input type="checkbox"/>		Use IRS label. Other-wise, print or type.	Name No., street, and room or suite no. City/town, state, and ZIP code HEF CONSTRUCTION INC 42 WHITE OAK STREET Deer Park, NY 11729			B Employer identification no. 20-1338361 C Date incorporated 07-06-2004 D Total assets (see instructions) \$ 11,422				
E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change										
INCOME	1a	Gross receipts/sales		182,170		b Less returns and allowances		c Bal▶	1c	182,170
	2	Cost of goods sold (Schedule A, line 8)								
	3	Gross profit. Subtract line 2 from line 1c.								
	4	Dividends (Schedule C, line 19)								
	5	Interest								
	6	Gross rents								
	7	Gross royalties								
	8	Capital gain net income (attach Schedule D (Form 1120))								
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)								
	10	Other income (see instructions -- attach schedule)								
	11	Total income. Add lines 3 through 10								
DEDUCTIONS	12	Compensation of officers (Schedule E, line 4)								
	13	Salaries and wages (less employment credits)								
	14	Repairs and maintenance								
	15	Bad debts								
	16	Rents								
	17	Taxes and licenses								
	18	Interest								
	19	Charitable contributions								
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)								
	21	Depletion								
	22	Advertising								
	23	Pension, profit-sharing, etc., plans								
	24	Employee benefit programs								
	25	Domestic production activities deduction (attach Form 8903)								
	26	Other deductions (attach schedule)								
	27	Total deductions. Add lines 12 through 26								
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11								
29	Less: a Net operating loss deduction (see instructions)		29a	0				29c	0	
	b Special deductions (Schedule C, line 20)		29b					29c	0	
30	Taxable income. Subtract line 29c from line 28 (see instructions)									
31	Total tax (Schedule J, line 10)									
TAX AND PAYMENTS	32a	2005 overpayment credited to 2006		32a						
	b	2006 estimated tax payments		32b						
	c	2006 refund applied for on Form 4466		32c	()		d Bal▶	32d		
	e	Tax deposited with Form 7004		32e						
	f	Credits: (1) Form 2439 (2) Form 4136		32f						
	g	Credit for federal telephone excise tax paid (attach Form 8913)		32g					32h	
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached								
	34	Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed								
	35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid								
	36	Enter amount of line 35 you want: Credited to 2007 estimated tax ▶ 0 Refunded ▶ 0								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Sign Here Signature of officer _____ Date _____ Title _____		May the IRS discuss this return with preparer shown below (see inst.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00629520 Firm's name (or yours if self-employed), address, and ZIP code UNIFIED TAX & ACCOUNTING SERVICE EIN 20-1823768 148-07 HILLSIDE AVE Phone no. 718-739-7500 Jamaica NY 11435										

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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HEF CONSTRUCTION INC 20-1338361

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Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	80,246
3	Cost of labor	3	6,000
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	86,246
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	86,246

9a Check all methods used for valuing closing inventory:

- (i) ☒ Cost
(ii) ☐ Lower of cost or market
(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods.

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).

d If LIFO inventory method was used for this tax year, enter percentage (or amts.) of closing inventory computed under LIFO

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes ☐ No ☒f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes ☐ No ☒**Schedule C** Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)	80	
3	Dividends on debt-financed stock of domestic and foreign corporations	see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs	70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs	80	
8	Dividends from wholly owned foreign subsidiaries	100	
9	Total. Add lines 1 through 8. See instructions for limitation		0
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
11	Dividends from affiliated group members	100	
12	Dividends from certain FSCs	100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12		
14	Income from controlled foreign corps. under subpart F (attach Form(s) 5471)		
15	Foreign dividend gross-up		
16	IC-DISC & former DISC dividends not included on lines 1, 2, or 3		
17	Other dividends		
18	Deduction for dividends paid on certain preferred stock of public utilities		
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4	0	
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b		0

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2	Total compensation of officers					
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12.					

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Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)).		
2	Income tax. Check if a qualified personal service corporation (see instructions).	2	1,233
3	Alternative minimum tax (attach Form 4626).	3	
4	Add lines 2 and 3.	4	1,233
5a	Foreign tax credit (attach Form 1118).	5a	
b	Qualified electric vehicle credit (attach Form 8834).	5b	
c	General business credit. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844	5c	
d	Credit for prior year minimum tax (attach Form 8827).	5d	
e	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912	5e	
6	Total credits. Add lines 5a through 5e.	6	0
7	Subtract lines 6 from line 4.	7	1,233
8	Personal holding company tax (attach Schedule PH (Form 1120)).	8	
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)	9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31.	10	1,233

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No	7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____	Yes	No
2	See the instructions and enter the: a Business activity code no. <u>238310</u> b Business activity <u>Construction</u> c Product or service <u>Drywall & insulat</u>				c The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached _____		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.		X	8	Check this box if the corporation issued publicly offered debt instruments with original issue discount. <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation _____		X	9	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
5	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," attach a sch. showing name and identifying no. (Do not incl. any info. already entered in 4 above.) Enter percentage owned _____		X	10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____		
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		X	11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.		
				12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) \$ _____		
				13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. \$ _____	X	

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Form 1120 (2006)

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Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions) ..				
6	Other current assets (attach schedule) ..				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets ..				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach schedule)				
15	Total assets				
Liabilities and Shareholders' Equity.					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings -- Appropriated (attach sch.)				
25	Retained earnings -- Unappropriated ...				
26	Adjustments to shareholders' equity (attach sch.)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity ..				

#3

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more--see instructions

1	Net income (loss) per books		7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Inc. subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$				
6	Add lines 1 through 5		9	Add lines 7 and 8	
			10	Income (page 1, line 28) -- line 6 less line 9	

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year		5	Distributions: a Cash	
2	Net income (loss) per books			b Stock	
3	Other increases (itemize):		6	Other decreases ^c Property	
				(itemize):	
4	Add lines 1, 2, and 3		7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	